

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Infant died at Birth				CERTIFICATE OF DEATH	
Died at Cardiff	To	County		MARYLAND	
Date of death 1906 May -	Month	Day	Years	Months	Days
Age 26	Color or Race	white		Birth- place	Cardiff
Sex female	Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Nim Jam. Barnet				
Mother's Maiden Name	Hattie Barnet				
Name of person giving Information	Father				
CAUSES OF DEATH					
Primary	Still Born				How long —
Immediate	16	16	S		How long
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician Dr. W. E. Arthur		
			Address Cardiff Md		
Accident or Suicide?					



Mrs Maria Bradley

CERTIFICATE OF DEATH

Died at <u>Bel Air</u>		Town <u>Harford Co</u>	County	MARYLAND	
Date of death <u>1906</u>	Month <u>May</u>	Day <u>39</u>	Years <u>62</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Ireland</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Bel Air Sud</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Daniel Bradley</u>		Father's Birthplace <u>Ireland</u>		
Father's Name <u>Hugh Lahane</u>			Mother's Birthplace <u>Ireland</u>		
Mother's Maiden Name <u>Catharine Kerrigan</u>			How related to deceased <u>Daughter</u>		
Name of person giving information <u>Ellen Skitch</u>					

## CAUSES OF DEATH

Primary

Gastro Enteritis

How long

4 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

H. F. Bradley M.D.

Address

Garnettville

Accident or Suicide?

M.D.

Chas. E. Horberger, Benson,

Long Green, Balto Co.

Philip Charles

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <u>near Homestead</u>		Town	<u>Hanford</u>		County	MARYLAND	
Date of death	1906	Month	May	Day	14	Years	44
Age		Sex	Male	Color or Race	White	Months	6
Occupation	<u>Labour</u>		Birth-place	<u>St. Marys</u>			
Married, Single or Widowed	Married	Name of Wife or Husband	Where Residing if not at place of death				
Father's Name	<u>Alesio Ciarlo</u>		<u>Port Deposit</u>				
Mother's Maiden Name	<u>Giuseppe Sardano</u>		Father's Birthplace	<u>St. Marys</u>			
Name of person giving information	<u>D. Ciarlo</u>		Mother's Birthplace	<u>St. Marys</u>			
						How related to deceased	<u>Son</u>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

(93)

How long

1 week

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

yes -

Signature of Physician

Address

H. E. Clemson  
Port Deposit, Md.

Accident or Suicide?



Name  
in  
Full

Rebecca S Davidson

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town Bagley	County Harford	MARYLAND	
Date of death	Month 5	Day 29	Years 59	Months Days
Sex	Female	Color or Race White	Birth- place Md.	
Occupation	Housewife			
Married, <input checked="" type="checkbox"/> or Widowed	Name of <del>Wife</del> Husband David Davidson Sr	Where Residing if not at place of death		
Father's Name Benjamin L Rozette	Father's Birthplace Md.			
Mother's Maiden Name Sarah Rebangle	Mother's Birthplace Md.			
Name of person giving Information Lana Davidson	How related to deceased Daughter			

CAUSES OF DEATH

Primary Malignant Growth	How long 2 years
Immediate Exhaustion	How long 14
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Russell S. Sappington
	Address Belair
Accident or Suicide?	

Chas. E. Homberger, Benom

Rock Spring, Cemetery.

Mrs. Mary Farnwood

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1906	May	18	82	9		
Sex	Female	Color or Race	White	Birth-place	St. Mary Co.	
Occupation	Housewife		Where Residing if not at place of death	Chester Hill		
Married, Single or Widowed	widow	Name of Wita or Husband	Jacob Farnwood			
Father's Name	Archibald Scarboro		Father's Birthplace	Md.		
Mother's Maiden Name	Sarah Hamilton		Mother's Birthplace	Md.		
Name of person giving information	Martha Scarboro		How related to deceased	Daughter		

## CAUSES OF DEATH

Primary

General Debility

How long

15+

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

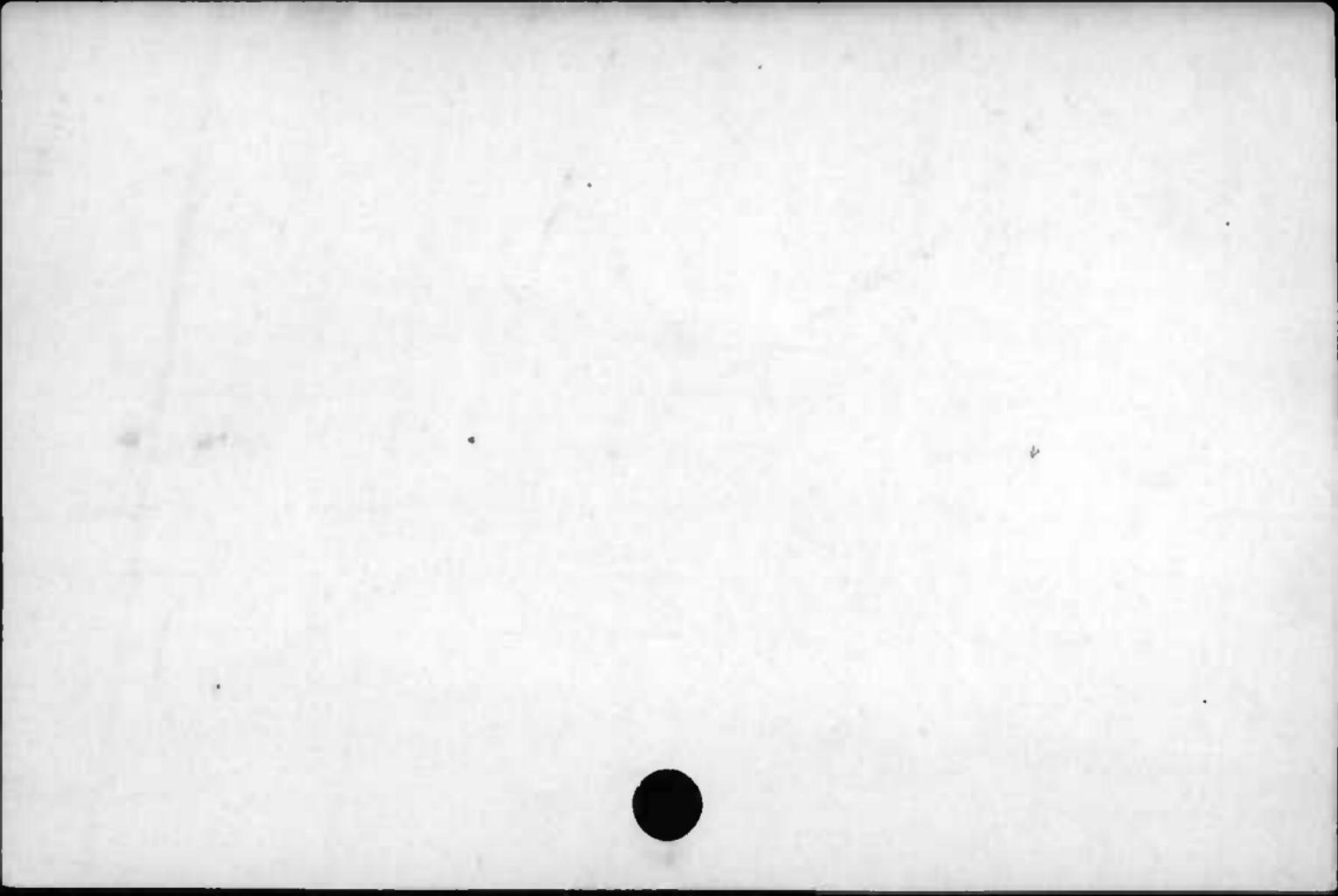
Signature of Physician

F. Lee Stogies

Address

3000 Hill, R.F.D.

Md



Name  
in  
Full

Mary Fosswood

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1906	Month 5	Day 21	Years 84	Months -	Days -	
Sex	Female	Color or Race	White		Birth-place	Ind	
Occupation	Housewife		Where Residing If not at place of death				
Married, Single or Widowed	Widow	Name of Wife or Husband	Jacob Fosswood				
Father's Name	Archie Scarborough		Father's Birthplace	Ind			
Mother's Maiden Name	Sarah Hamilton		Mother's Birthplace	Ind			
Name of person giving Information	Mrs Phoebe Jane Fosswood		How related to deceased	—			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Old Age

(154)

How long

—

How long

—

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

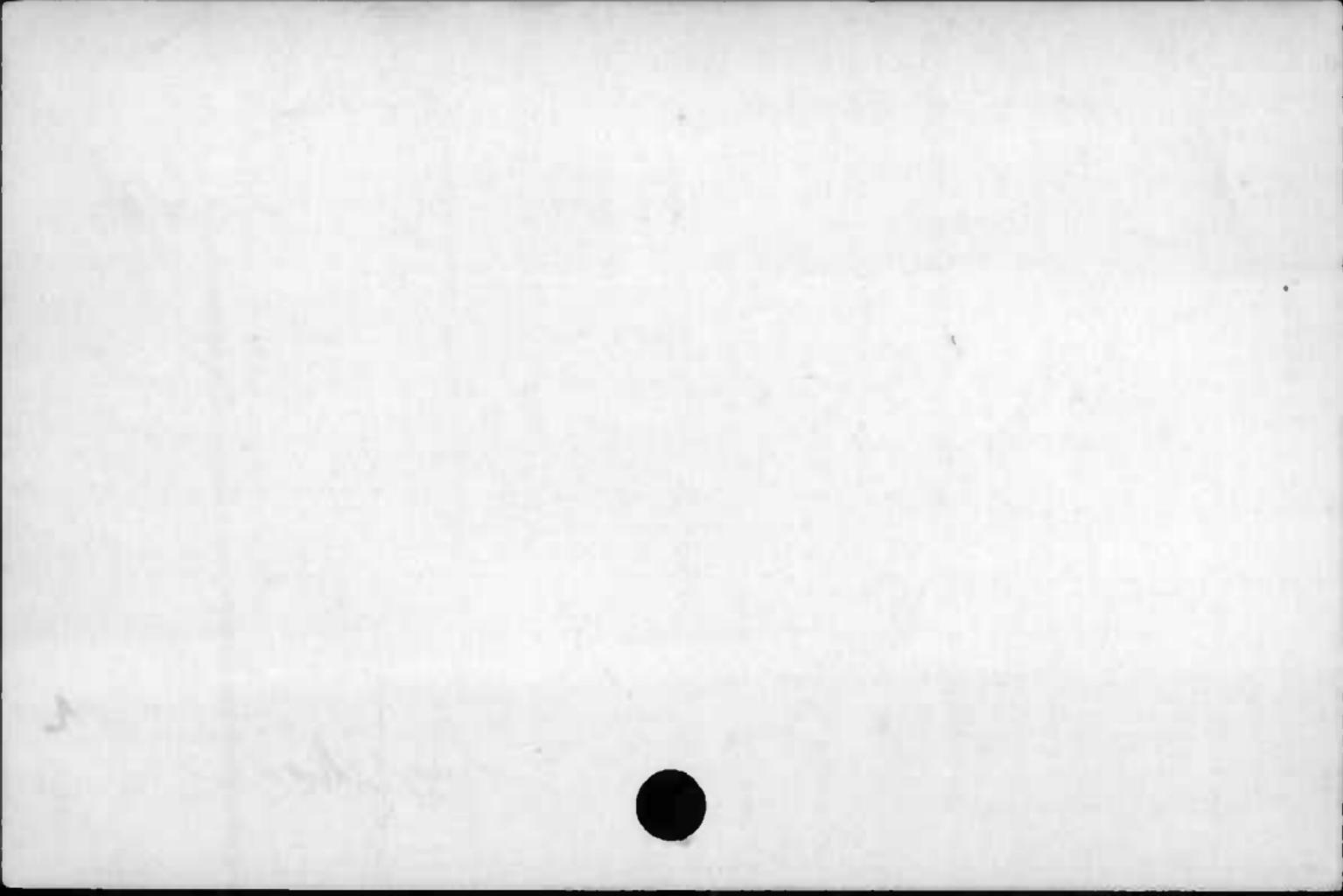
Signature of Physician

Dr. B. S. Hughes

Address

Gibson Creek

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Old Galloway

Town

County

Died at Haon delnere

Hanford

MARYLAND

Date of death 1906 Month May Day 12

Years Months Days

Age

9 -

Sex Female

Color or Race

Col

Birth-place

Md

Occupation

Infant

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Walter Galloway

Father's  
Birthplace

Md

Mother's  
Maiden Name

Hanford Hill

Mother's  
Birthplace

Md

Name of person giving  
Information

Walter Galloway

How related  
to deceased

Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

Bronchitis

⑨0

How long

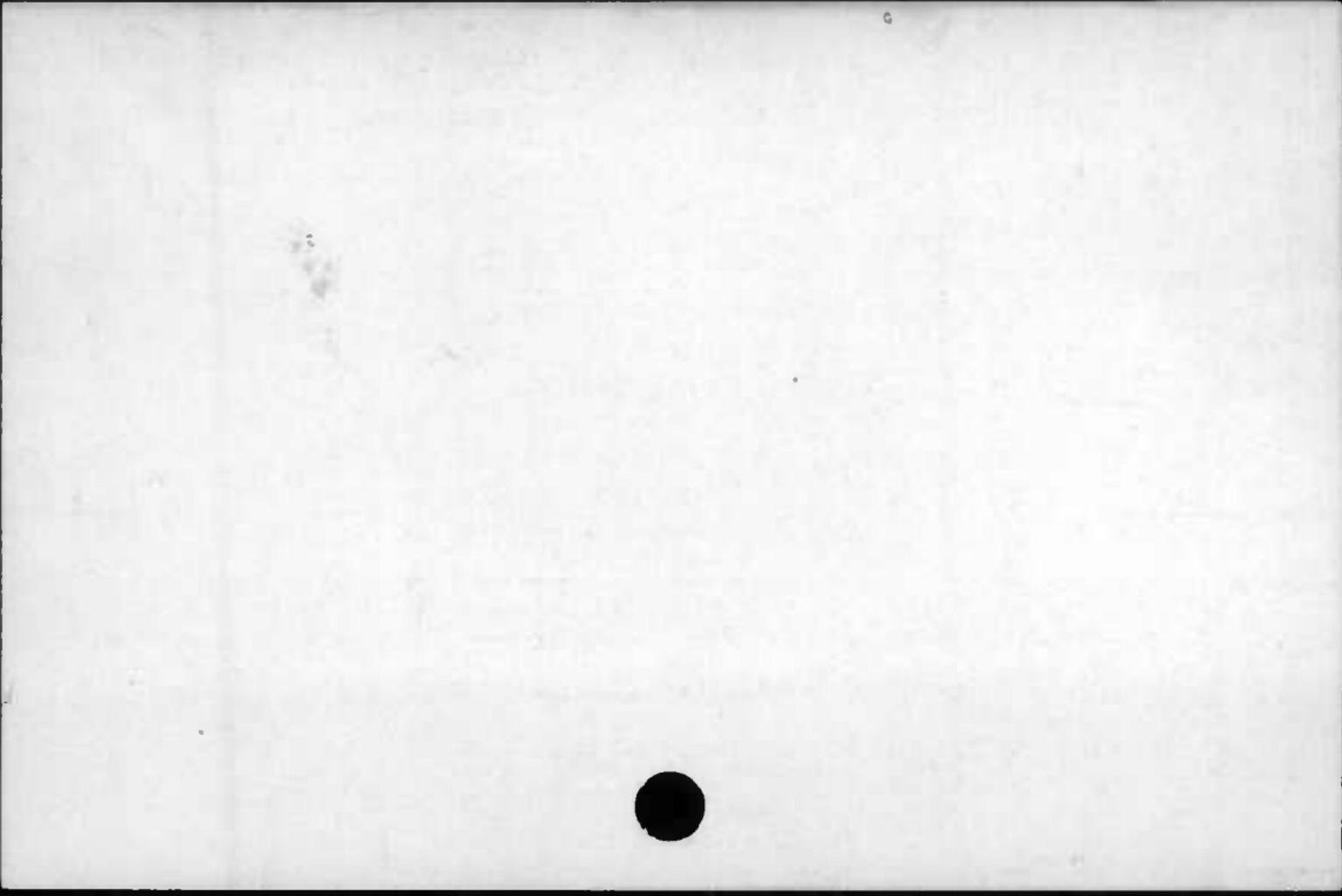
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Howard  
Haon delnere

Accident or Suicide?



Name  
in my  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Emma Jobow Gibbs

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Date of death 1906		Month	Day	Years	Months Days
Sex	Color or Race		Birth- place		
Married, Single or Widowed	Occupation				
Name of Wife or Husband	Married		Houswife		
Father's Name	Chas. Gibbs		Dont know		
Mother's Maiden Name	Thomas Downe		Father's Birthplace	Dont know	
Name of person giving Information	Dont know		Mother's Birthplace	Middletown	
	Char. Gibbs		How related to deceased	Daughter	

CAUSES OF DEATH

Primary Child birth 100 How long

Immediate Ruptured uterus with septicæma 100 How long

Are the name, age, sex, color, date  
and place correctly given above?

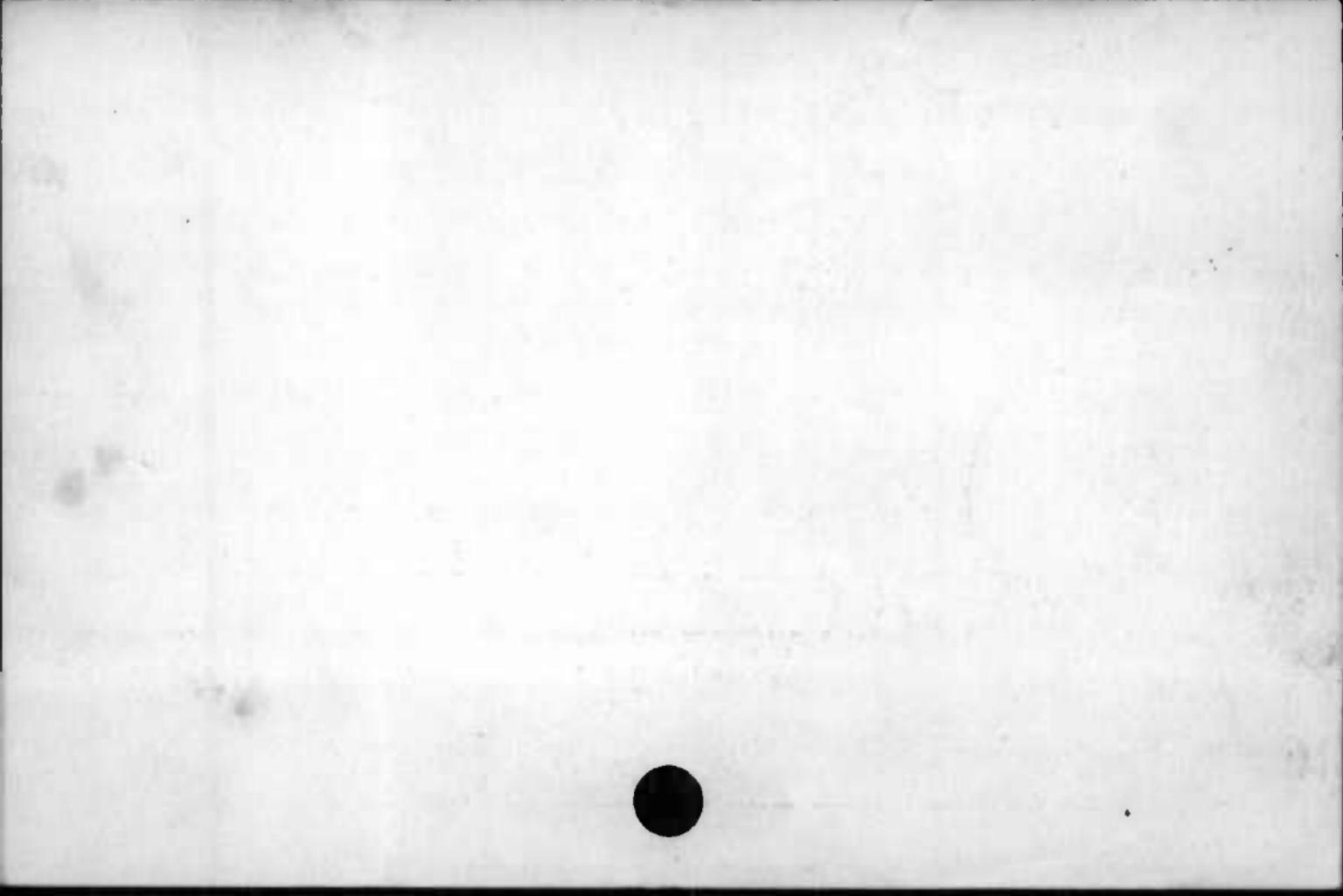
yes

Signature of  
Physician

Address

Evans & Free  
Pennsyltoun, Pa

Accident or Suicide?



Name

in

D

at James Gleason

## CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days
Sex	Male	Color or Race	white	Birth-place		
Occupation	Where Residing if not at place of death		Hoorn de Grae			
Married, Single, or Widowed	Name of Wife or Husband					
Father's Name			Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving information	Bip. Mary Gleason		How related to deceased			

## CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary

Found dead in Jord

How long

How long

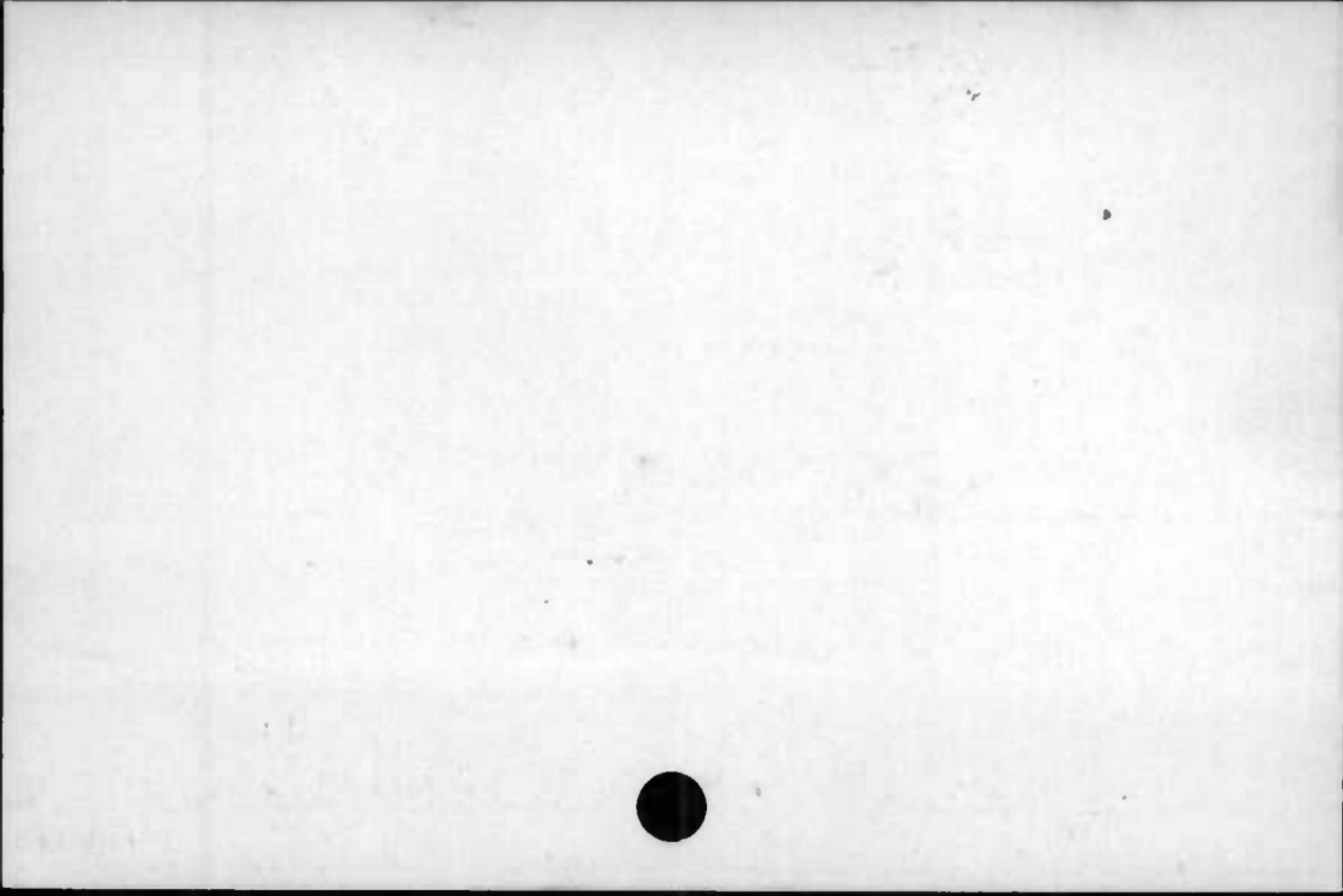
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Samuel Draffon

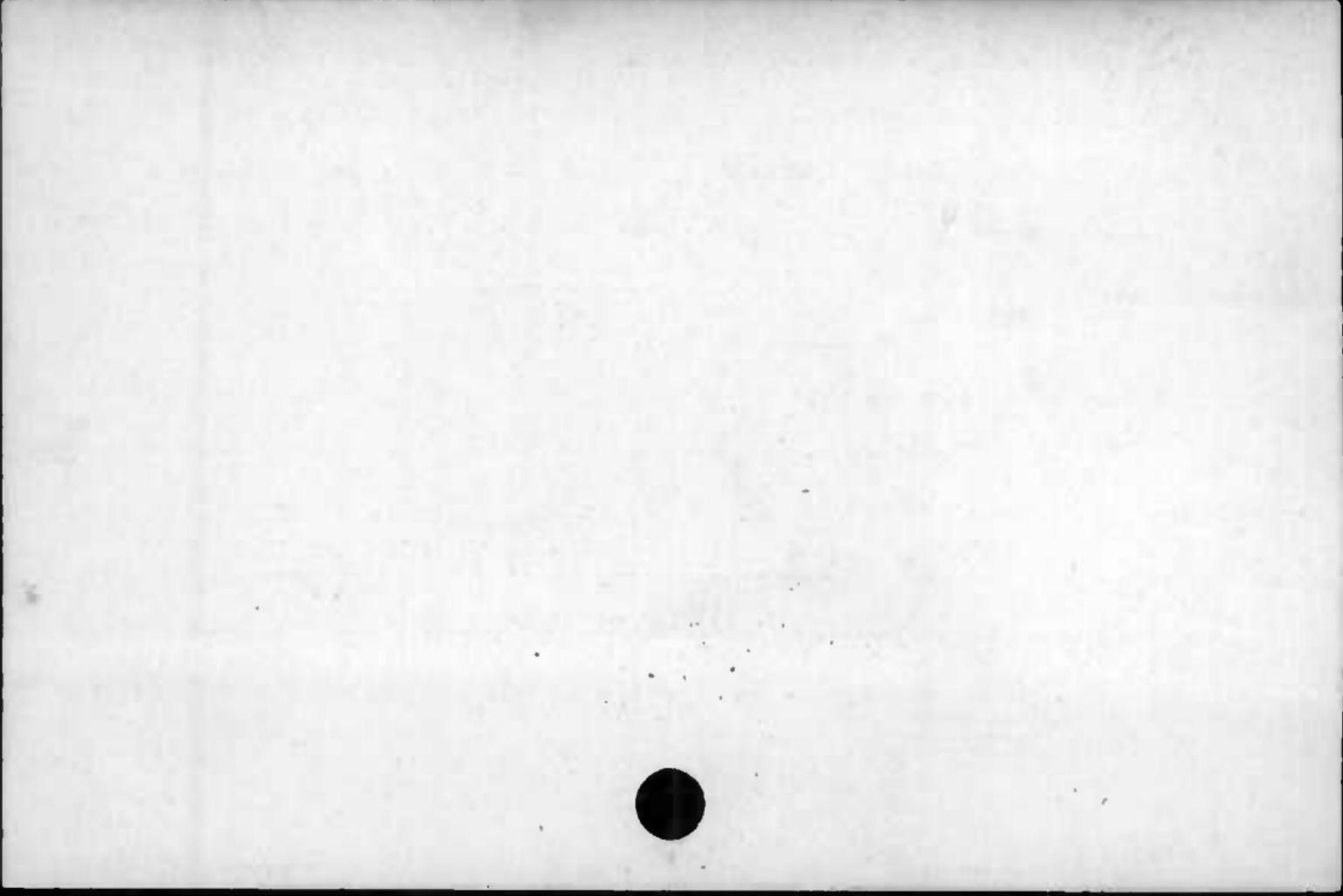
CERTIFICATE OF DEATH

MARYLAND

Died at <u>Bryman</u>		Town	County <u>Hanover</u>			
Date of death <u>1906</u>	Month <u>5</u>	Day <u>5</u>	Age	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Bryman</u>			
Occupation			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband				
Father's Name		<u>Jacob A Draffon</u>		Father's Birthplace		<u>Maryland</u>
Mother's Maiden Name		<u>Emma W. Hobson</u>		Mother's Birthplace		<u>11</u>
Name of person giving information		<u>Jacob A Draffon</u>		How related to deceased		<u>Father</u>

CAUSES OF DEATH

Primary <u>Gastritis</u>	(04)	How long <u>2 week</u>
immediate <u>11</u>		How long <u>11</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. H. Oliver</u>
<u>yes</u>		Address <u>Bryman</u>
Accident or Suicide?		<u>not</u>



Name  
in  
Full

Hazel Taines

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Dublin</u> Town		County <u>Hanford</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>May</u>	Day <u>25</u>	Age	Years	Months <u>Three</u> Days <u>6</u>
Sex <u>Female</u>	Color or Race <u>colored</u>	Birth-place <u>Dublin</u>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>David Taines</u>				
Mother's Maiden Name	<u>Mollie Harrison</u>				
Name of person giving information	<u>Father</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary



How long

Immediate

Convulsions

How long

Are the name, age, sex, color, date and place correctly given above?

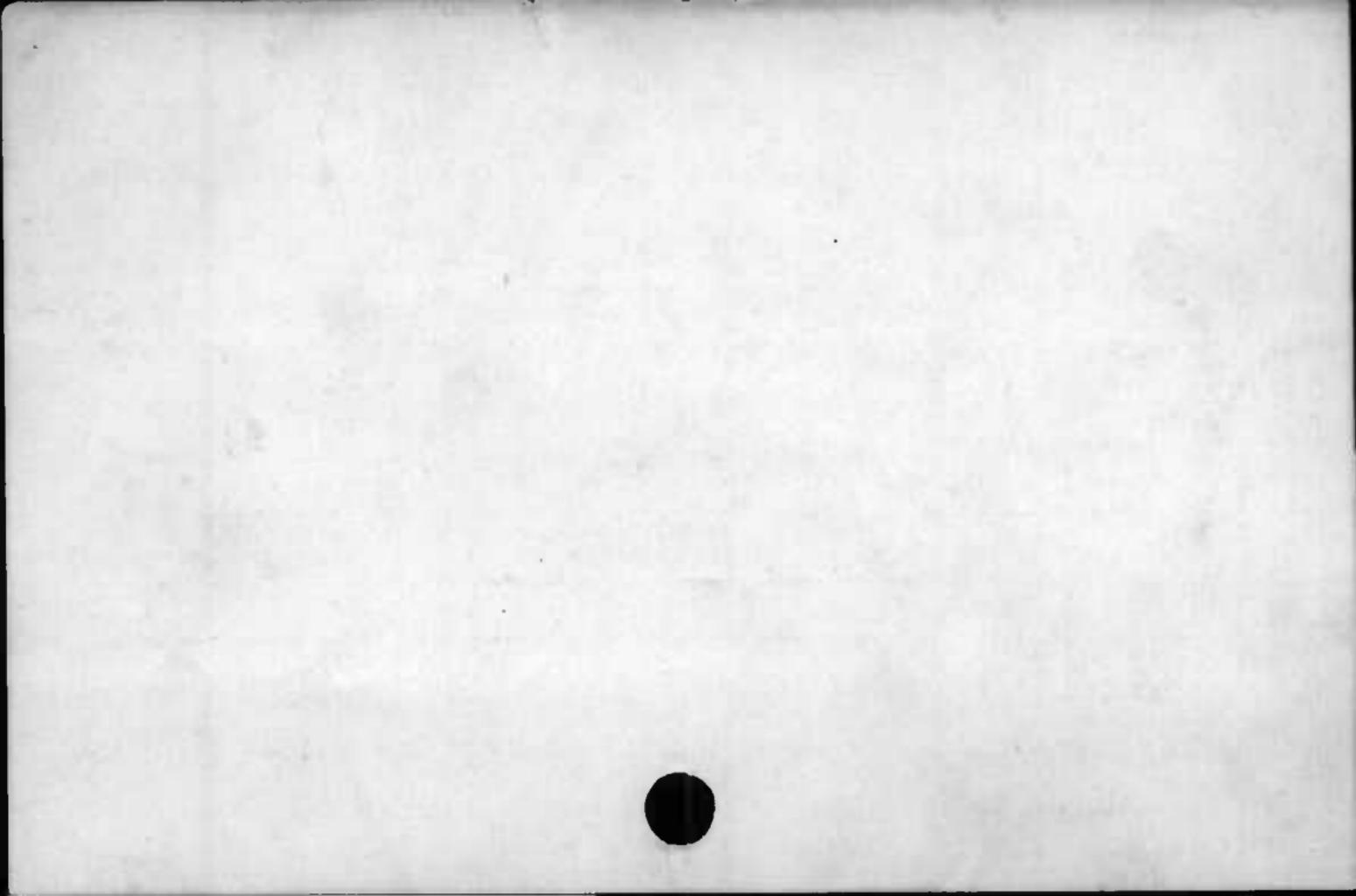
Yes

Signature of Physician

Address

G. H. Sbias,  
Easton, Md.

Accident or Suicide?



Name  
in  
Full

Laura Jane Hall

CERTIFICATE OF DEATH

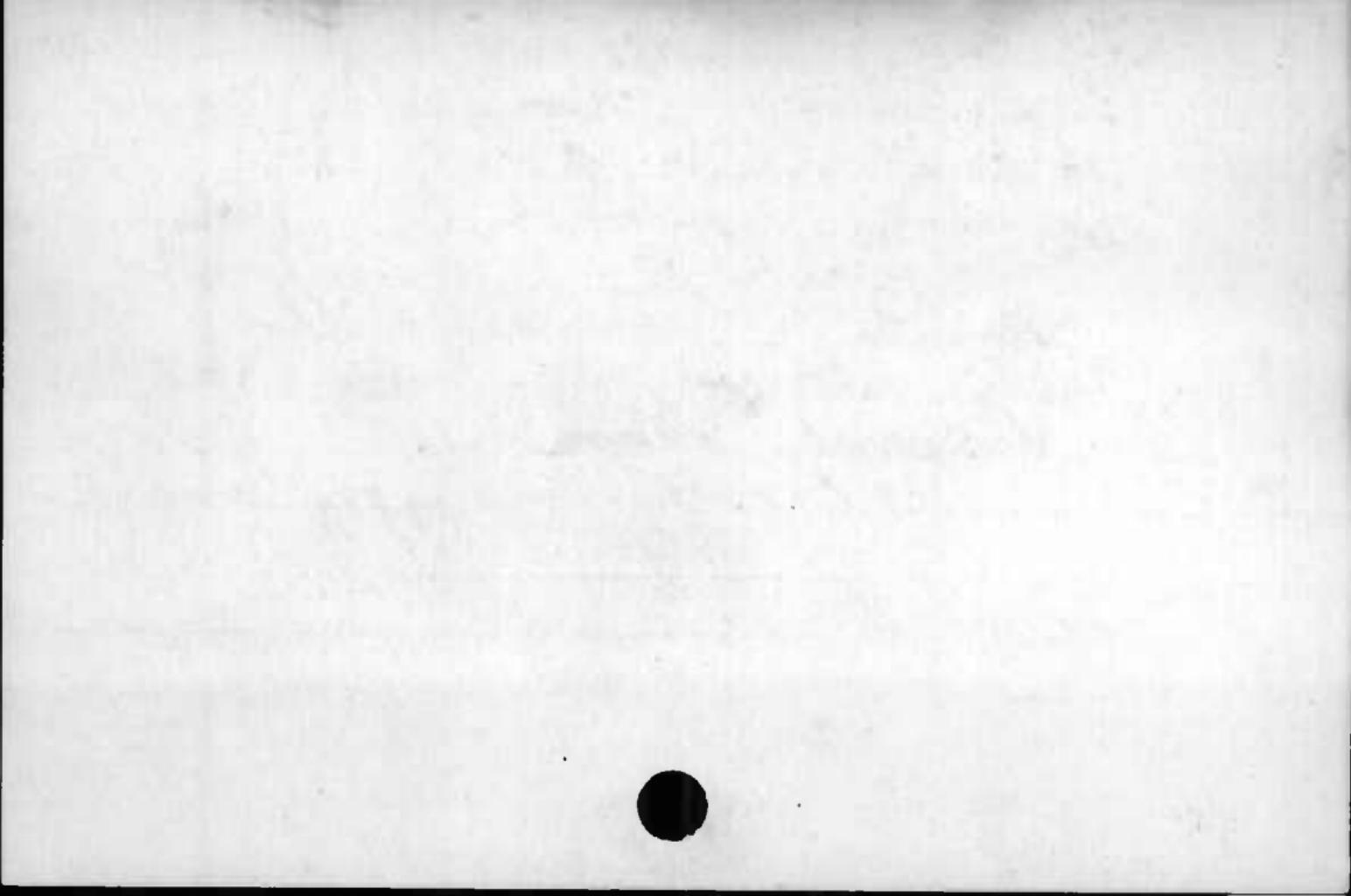
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Madonna	Harford			
Date of death	Month	Day	Years	Months	Days
1906	May	31 <sup>st</sup>	2	2	
Sex	Color or Race	Birth-place			
Female	Colored	Madona Harford Co			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
—	—				
Father's Name	Maryland				
W.H. Hall —					
Mother's Maiden Name	Maryland				
Virginia Gower					
Name of person giving Information	brother				
H. F. Hall					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Croupous Laryngitis	9	How long	Four - days -
Immediate	Asphyxia		How long	Immediate
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Oscar H. McMenam	
		Address	Jarrettsville Md.	
Accident or Suicide?				



Name  
in  
Full

Louisa Hill

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month May	Day 22	Years 28	Months —	Days —
Sex	Female	Color or Race	Black		Birth-place	Ind.
Occupation	Servant		Where Residing if not at place of death		Tulford	
Married, Single or Widowed	Married	Name of Wife or Husband	Thomas Hill		Father's Birthplace	Ind.
Father's Name	Eli Parrott				Mother's Birthplace	Ind.
Mother's Maiden Name	Hannah Chambers				How related to deceased	Uncle
Name of person giving information	Paul Chambers					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Typhoid fever

①

How long

ten days

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

William V. Archer  
Bel Air  
Md

Accident or Suicide?

Asbury Church,  
on May 24, 1906

Name  
in  
Full

Cellito Joseph

5/12/19

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Haar delhae

Town

County

MARYLAND

Date  
of death

1906 May 19

Month

Day

Years

36

Age

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

State

Occupation

Labour

Where Residing if not  
at place of death

Haar delhae

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Father's  
Birthplace

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
Information

How related  
to deceased

CAUSES OF DEATH

Primary

Drowning

112

How long

Immediate

Yes

How long

Are the name, age, sex, color, date  
and place correctly given above?

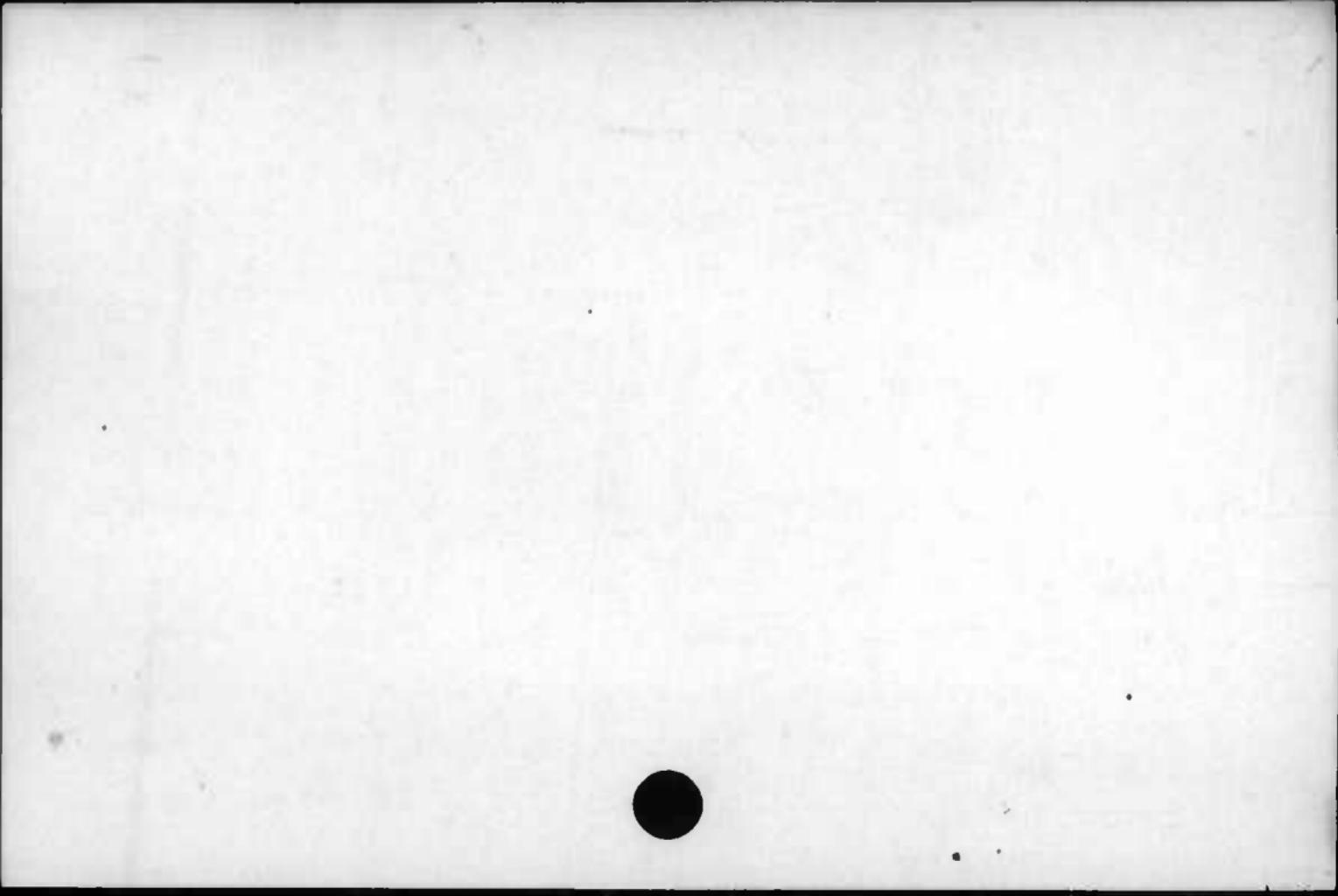
Signature of  
Physician

Address

Woodward  
Haar delhae

PHYSICIAN  
OR CORONER

Accident or Suicide?



## CERTIFICATE OF DEATH

Died at <u>Upper X Roads</u>		Town	County <u>Harford</u>		MARYLAND			
Date of death	1906	Month <u>May</u>	Day <u>14</u>	Age	Years	Months	Days	
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Maryland</u>			
Occupation	<u>Upper X Roads Ind.</u>							
Married, Single or Widowed	Name of Wife or Husband							
Father's Name	<u>Joseph M. Kelly</u>		Father's Birthplace	<u>Md</u>				
Mother's Maiden Name	<u>Sallie Lynch</u>		Mother's Birthplace	<u>Md</u>				
Name of person giving information	<u>Thomas J. Kelly</u>		How related to deceased	<u>Uncle</u>				

## CAUSES OF DEATH

Primary

Pneumonia

(93)

How long

10 days

How long

"

Immediate

Pneumonia

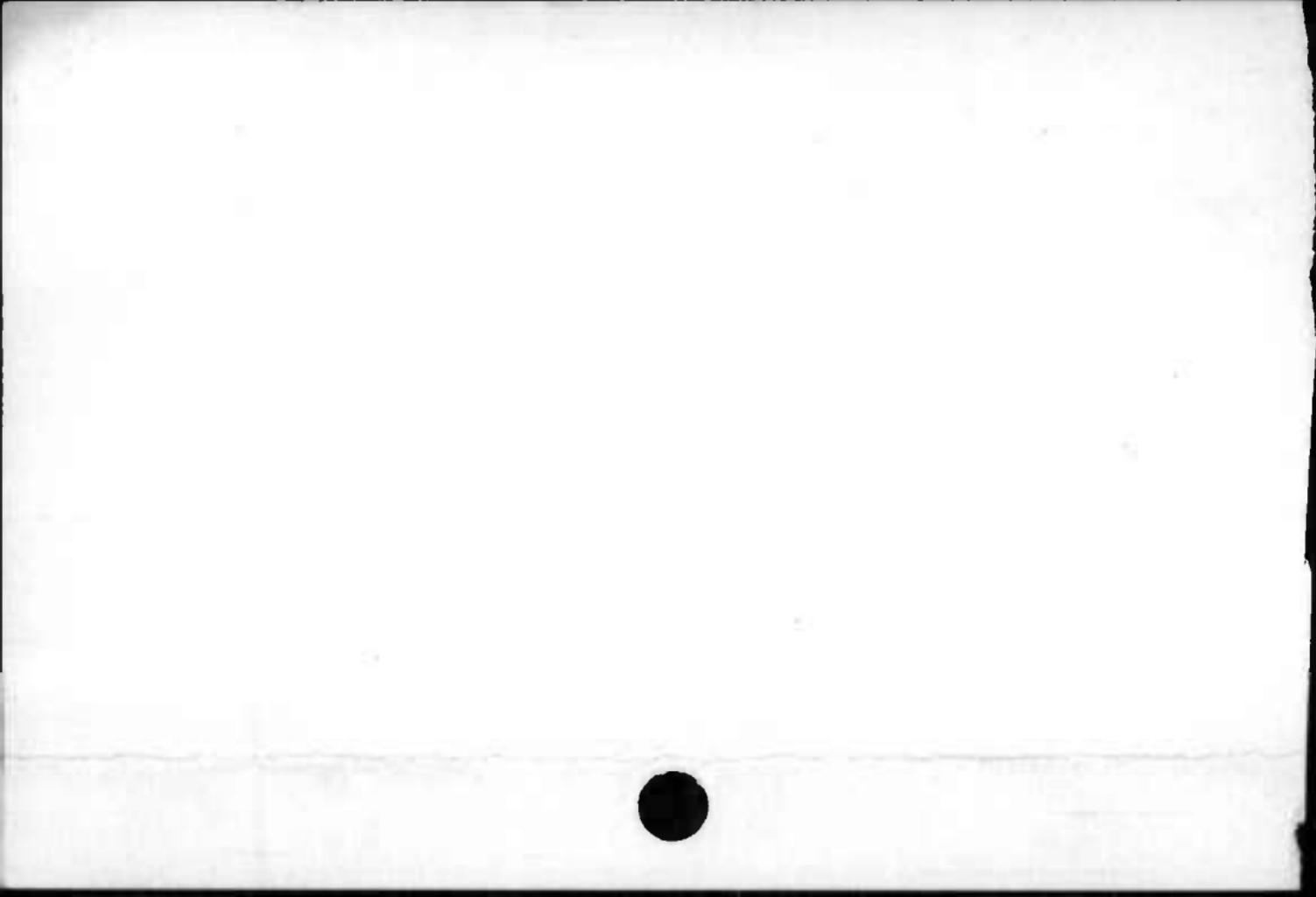
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John S. Green  
Sitting

Accident or Suicide?



Name  
In  
Full

Pearl Lofton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Hodgesee		own	County	MARYLAND				
Date of death	1906	Month	May	Day	26	Years	19	Months	Days
Sex	Female		Color or Race	W.	Birth-place	2d			
Occupation	Hawker		Where Residing if not at place of death			Hodgesee			
Married, Single or Widowed	Single		Name of Wife or Husband						
Father's Name				Father's Birthplace					
Mother's Maiden Name				Mother's Birthplace					
Name of person giving information	John Way			How related to deceased			Step Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary



How long

Immediate

Pul Tuberculosis

1 Jr

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. Howard  
Hodgesee 2d

Accident or Suicide?



Name  
in  
Full

unnamed child

Lynch

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Taylor	Town	County	MARYLAND		
Date of death	1906	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	Harford Co Md	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	John Lynch					
Mother's Maiden Name	Francis Dalton					
Name of person giving Information	John Lynch (150)					
CAUSES OF DEATH						

PHYSICIAN  
OR CORONER

Primary Non closure of Foramen Ovale

How long

5 days

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

H. F. Bradley

Address

Garrisonville

Ind.

Accident or Suicide?

111  
112  
Aug 24-62

Name  
in  
Full

Theola Euphemia McGaw

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Birth-place		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Name of person giving information		
Father's Name	Father's Birthplace			Mother's Birthplace
Mother's Maiden Name	Mother's Birthplace			How related to deceased
Name of person giving information				

1906 May 21 66 1 6

Female white Michaelson's Md Aldine Md

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband Jas W McGaw

Father's Name Bury S Courtney

Mother's Maiden Name Theola E Courtney

Name of person giving information James W McGaw Jr

Father's Birthplace Aldine Md

Mother's Birthplace Arvada Md

How related to deceased Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cardiac Disease



How long

2 yrs

Immediate

Breaking of heart

How long

+

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. V. Kennedy  
Aldine Md

Accident or Suicide?



Name  
in  
Full

Mary S. Magness

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Town		County		MARYLAND					
Died at Town	Rocky	County	Harford	Months		Days			
Date of death	1906	Month	May	Day	6	Age years	64	8	15
Sex	Female	Color or Race	White	Birth- place	Maryland				
Occupation	Seamstress	Where Residing If not at place of death							
Married, Single or Widowed	Widow	Name of Wife or Husband	James Magness.						
Father's Name	James DeMoss	Father's Birthplace	Maryland						
Mother's Maiden Name	Mary J. Roberts	Mother's Birthplace	Maryland						
Name of person giving Information	James O. Moore	How related to deceased	Son in Law						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Diarrhea	106	How long	20 years
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. F. Bradley M.D.	
—		Address	Gamettsville Md.	
Accident or Suicide?				



Name  
in  
Full

Sallie Mitchell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Mar Aldendum</u>		Town	County <u>Harford</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>May</u>	Day <u>5</u>	Age <u>57</u>	Years	Munths <u>2</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Harford Co</u>				
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Mar Aldendum</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>John S. Mitchell</u>					
Father's Name <u>Lewis Lydd</u>	Father's Birthplace <u>Maryland</u>					
Mother's Maiden Name <u>Eugenia Odorn</u>	Mother's Birthplace <u>Maryland</u>					
Name of person giving information <u>J. St. Kennedy M. D</u>	How related to deceased <u>Son</u>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary Congestion of Brain

(64)

How long

6 daysImmediate apoplexy

How long

48 hours

Are the name, age, sex, color, date and place correctly given above?

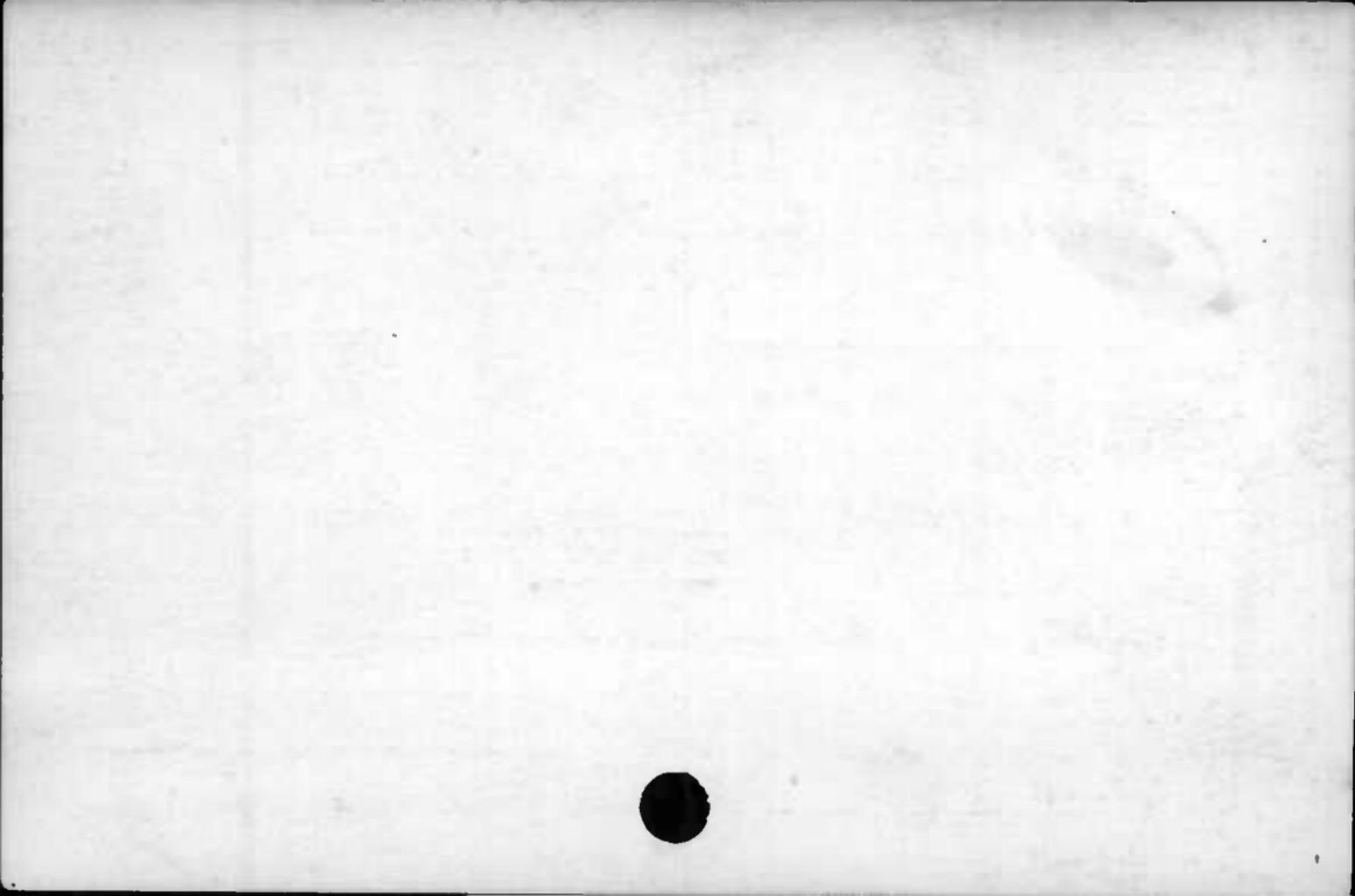
yes

Signature of Physician

J. St. Kennedy M. D

Address

Aldendum MdAccident or Suicide?



Name  
in  
Full

Not named Preston

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	still born		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Hall Preston S.				
Mother's Maiden Name	Florence Amos				
Name of person giving information	Hall Preston				
CAUSES OF DEATH					
Primary	Still born				How long
Immediate					How long

PHYSICIAN  
OR CORONER

Immediate

Are the name, age, sex, color, date and place correctly given above?

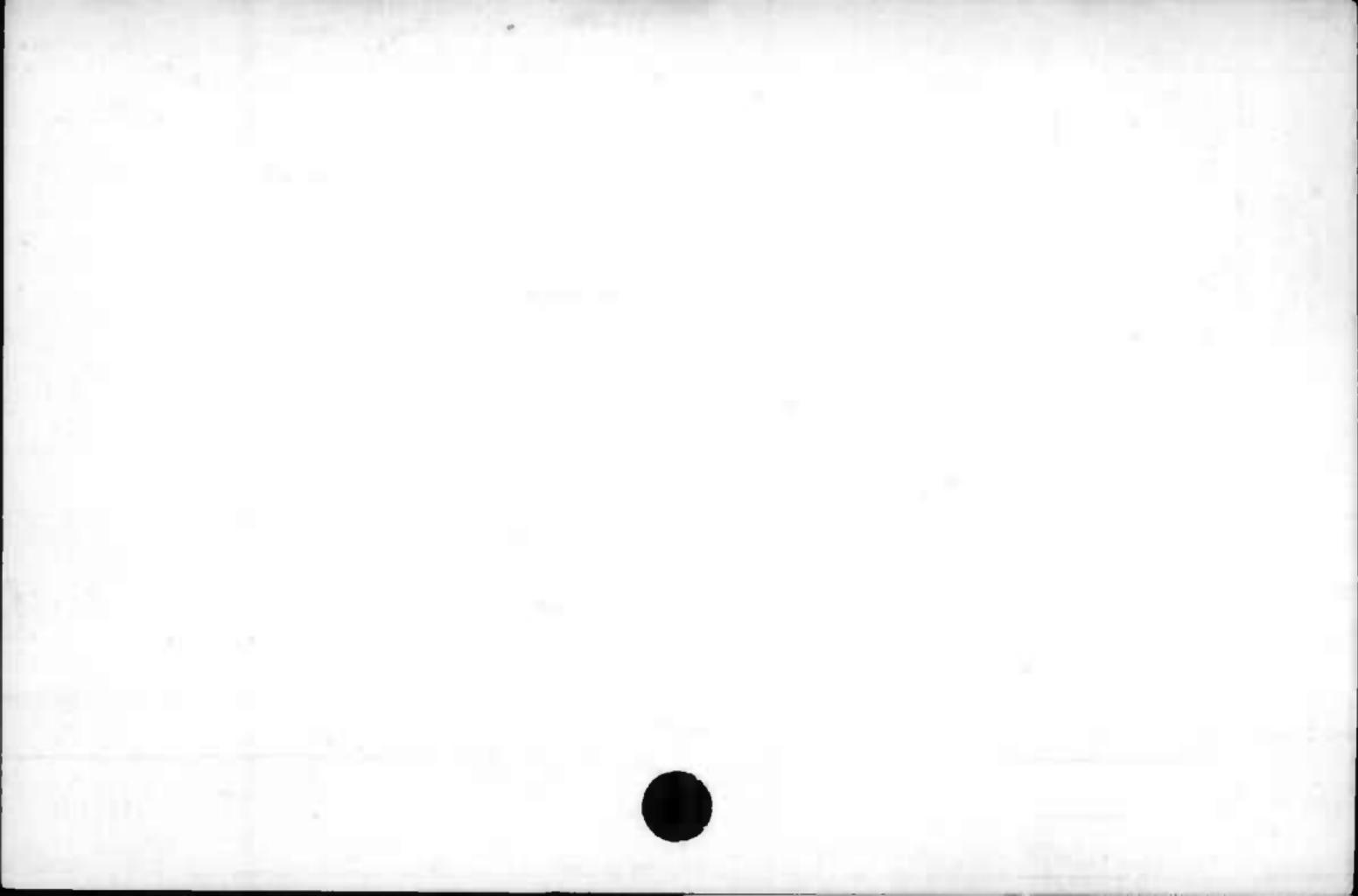
Yes

Signature of Physician

Address

Geo. G. Davis  
Pleasantville Md

Accident or Suicide?



Name  
in  
Full

Amos Pyle

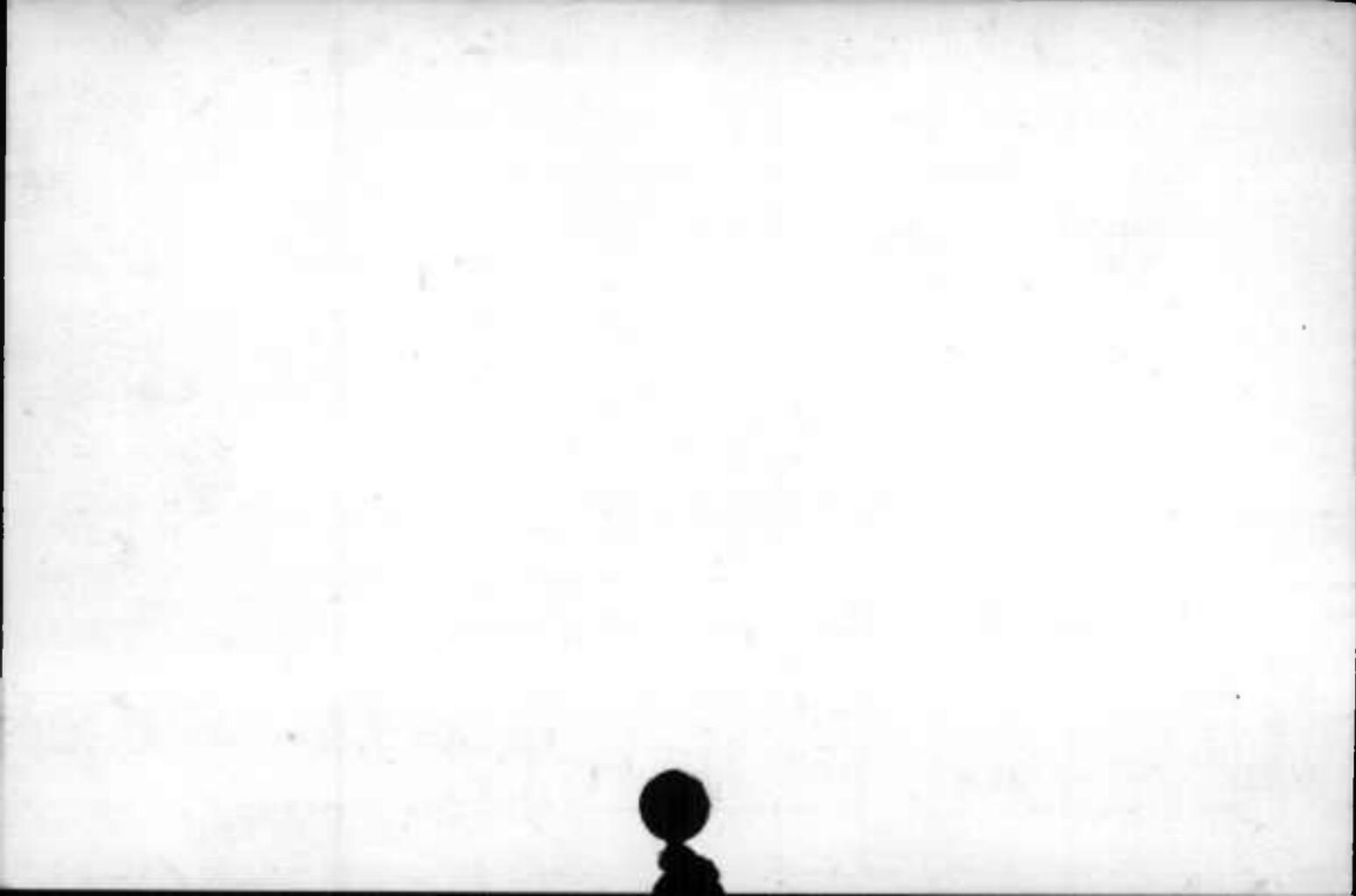
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Wilma</u>		Town <u>Towson</u>		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>May</u>	Day <u>1st</u>	Age <u>80</u>	Years <u>80</u>	Months <u>—</u>	Days <u>—</u>	
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Hanover Co</u>			
Occupation <u>Retired Farmer</u>		Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mary P. Pyle</u>						
Father's Name			Father's Birthplace				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving Information			How related to deceased				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>old age</u>	154	How long <u>—</u>
	Immediate <u>General debility</u>		How long <u>208 weeks</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>W. H. Parker M.D.</u>	Address <u>Towson</u>
Accident or Suicide? <u>No</u>			

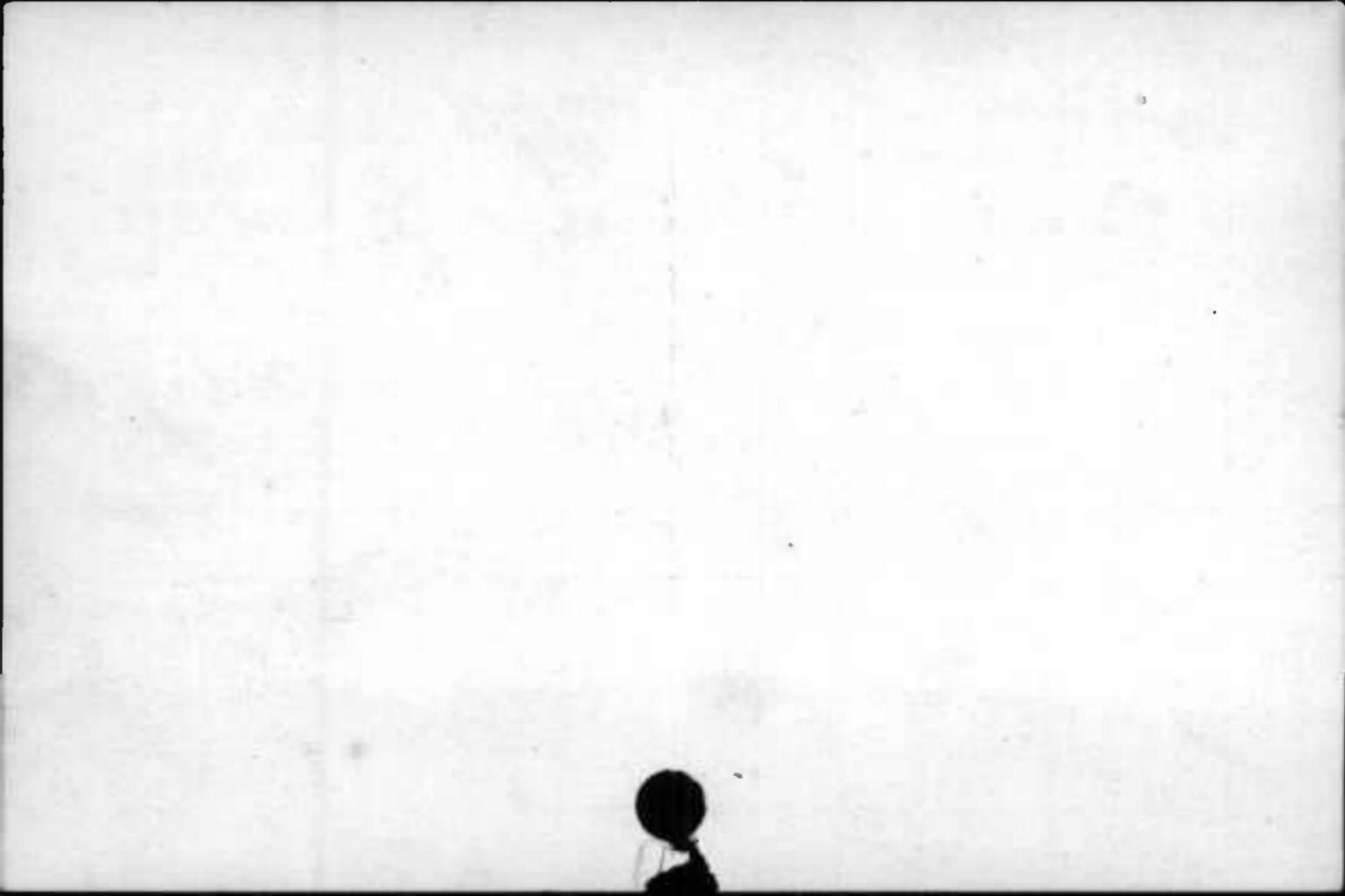


Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH					
Died at <u>The Rocka</u> Town <u>Harford</u> County			MARYLAND		
Date of death <u>1906</u>	Month <u>May</u>	Day <u>12</u>	Age <u>74</u>	Months <u>4</u>	Days <u>3</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Where Residing if not at place of death <u>The Rocka Ind.</u>			
Occupation <u>Farmer</u>	Name of Wife or Husband <u>Agidown</u>				
Married, Single or Widowed <u>Married</u>	Father's Name <u>Robert Ramsay</u>				
Mother's Maiden Name <u>Mary Whelby</u>	Mother's Birthplace <u>England</u>				
Name of person giving information <u>Rek Ramsay</u>	How related to deceased <u>Son</u>				
CAUSES OF DEATH					
Primary <u>Cardiac Heart Disease</u>	How long <u>15 years.</u>				
Immediate	How long				
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>C. W. Ramsay</u>				
<u>Yes</u>	Address <u>Street</u>				
Accident or Suicide? <u>—</u>	<u>Ind.</u>				



Mary W. Rice

## CERTIFICATE OF DEATH

Died at St. Paul TownCounty Hagerstown

MARYLAND

Date of death 1906 Month MayDay 5Years 49

Months

Days

Age 49Sex FemaleColor or Race ColoredBirth-place Ind.Occupation House wifeWhere Residing if not  
at place of death St. Paul Ind.Married, Single or Widowed MarriedName of Wife or Husband J. R. RiceFather's Name Ornd. RiceFather's Birthplace Ind.Mother's Maiden Name Sarah GourMother's Birthplace Ind.Name of person giving Information J. R. RiceHow related to deceased Husband

## CAUSES OF DEATH

Primary Tuberculosis

21

How long 1 year

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

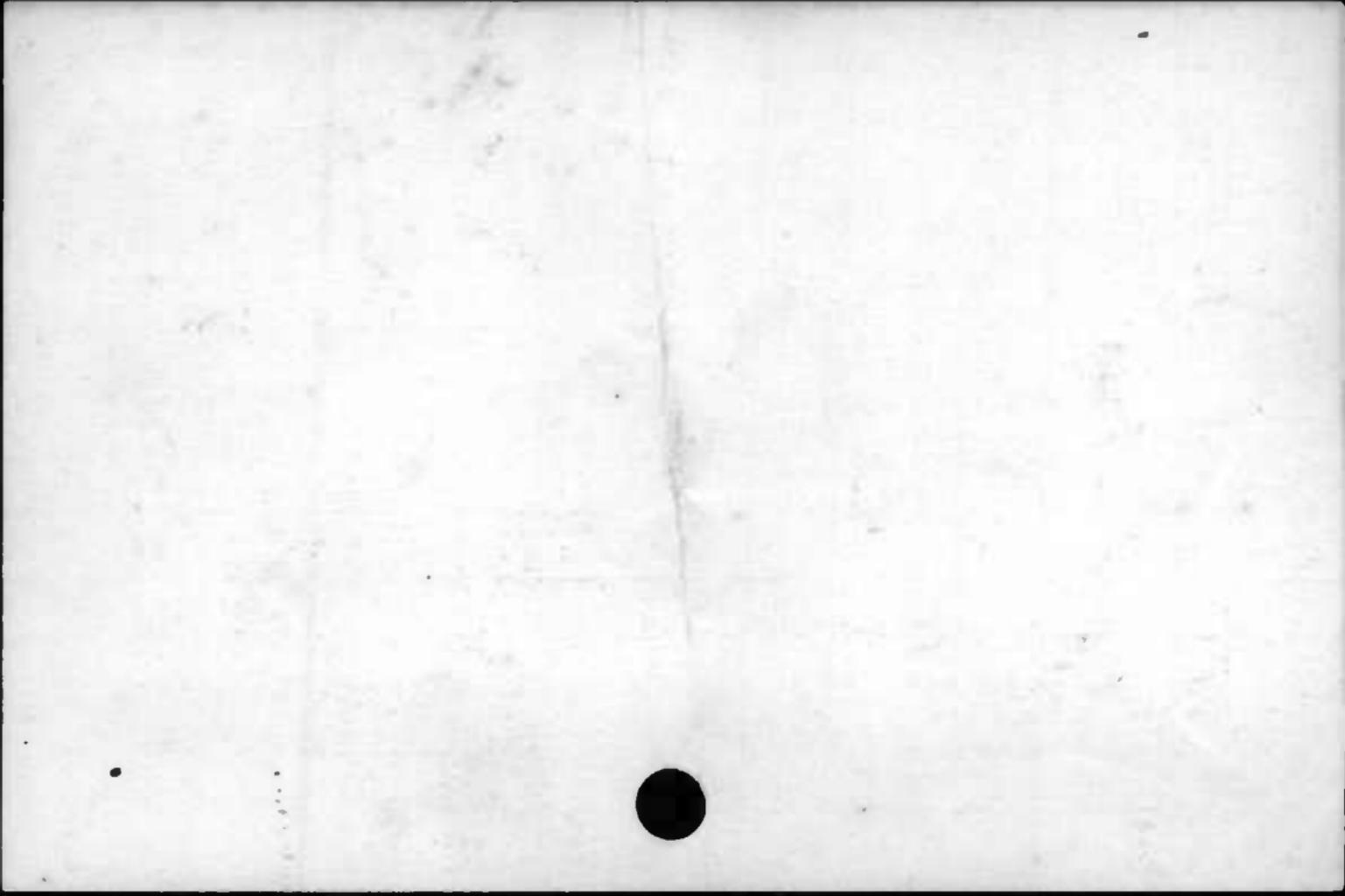
C. W. Farnous

Accident or Suicide?

Address

St. Paul

Ind.



Name  
in  
Full

Wesley Aquilene Rogers

CERTIFICATE OF DEATH

MARYLAND

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town		County			
Date of death	1906	Month 5	Day 7	Years 59	Months	Days
Sex	Female		Color or Race		Birth-place	
Occupation	Farm wife		Where Residing if not at place of death			
Married, Single or Widowed	Unmarried		Name of Wife or Husband		Father's Birthplace	
Father's Name	John D. Grafton		James Rogers		Forest Hill	
Mother's Maiden Name	Kester Gaskins				Mother's Birthplace	
Name of person giving information	John W. Robinson				How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Carcinoma Uterus

(4)

How long

2 yrs

Immediate

Chamferin & Phenacetin

How long

3 hrs.

Are the name, age, sex, color, date and place correctly given above?

yes

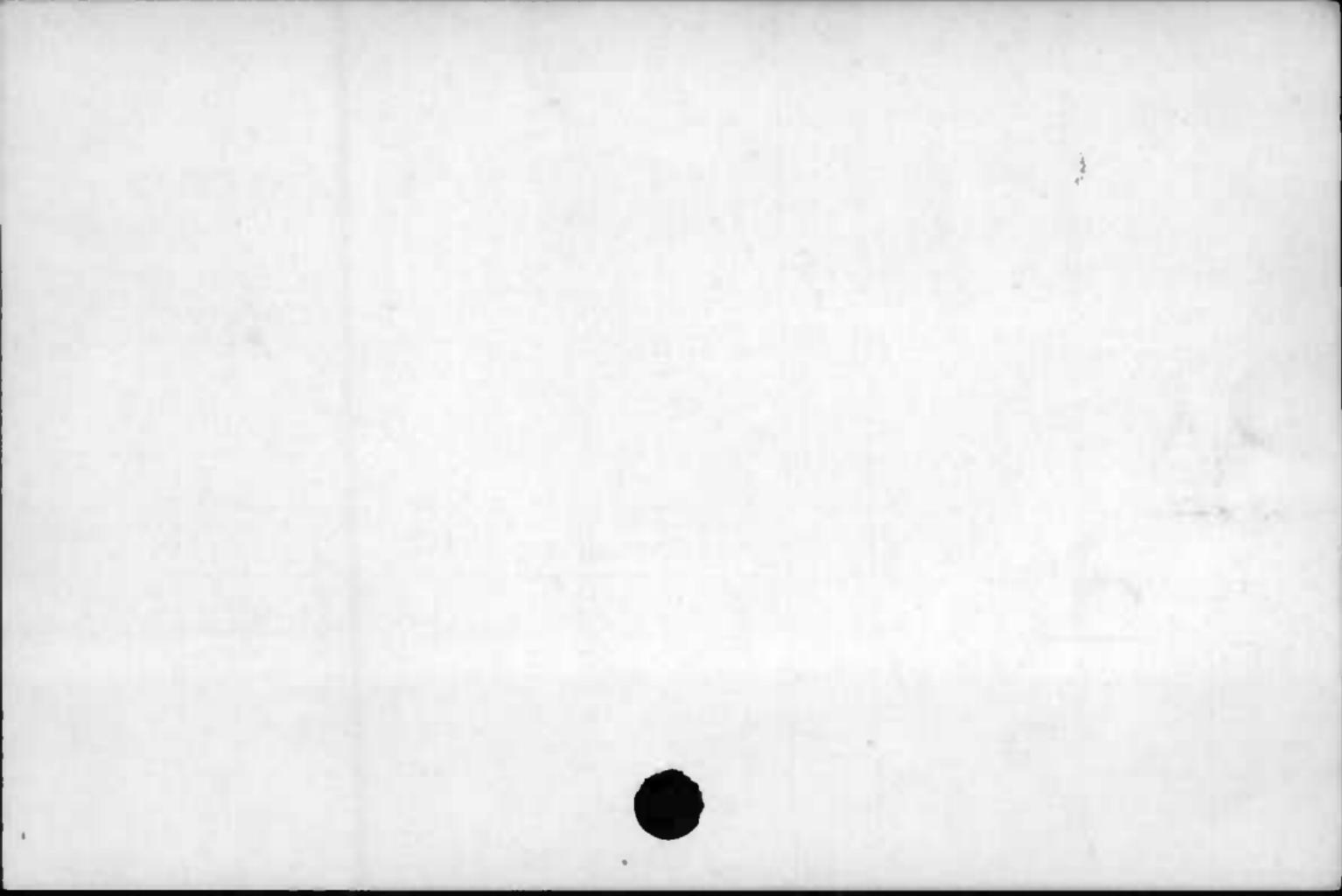
Signature of Physician

F. P. Smithson

Address

Forest Hill Md

Accident or Suicide?



Name  
in  
Full

Annis M. Scott

CERTIFICATE OF DEATH

To BE ANSWERED BY

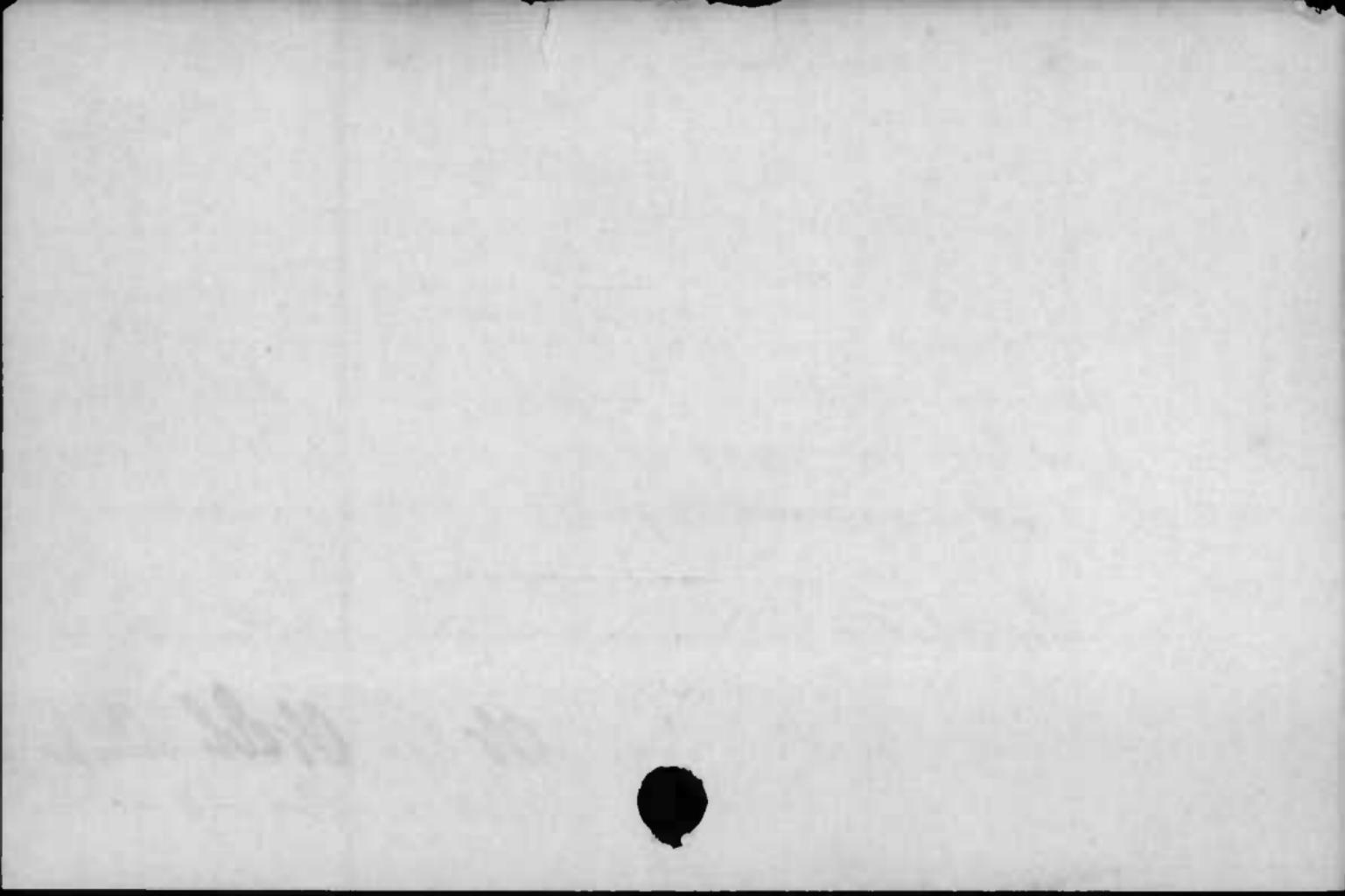
NEAREST FRIEND

Died at <u>Barkley</u>		Town	County <u>Harford</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>May</u>	Day <u>5th</u>	Years <u>Age 58</u>	Months <u>4</u>	Days <u>13</u>	
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth place <u>Cumberland Co, Md</u>				
Occupation <u>Housewife + Nurse</u>	Where Residing if not at place of death					
Married, Single <input checked="" type="checkbox"/> Widowed	Name of Husband <u>Rev'd J. H. Scott</u>	Father's Birthplace				
Father's Name	Mother's Birthplace					
Mother's Maiden Name	How related to deceased					
Name of person giving information <u>Louise Prigg</u>	None					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Dilated heart - Paralysis</u>	How long <u>Several years</u>
Immediate <u>Heart Complications with slow failure for 2 months</u>	How long <u>2 months</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Ephr Hopkins</u>
<u>yes</u>	Address <u>Darlington</u>
Accident or Suicide?	



Name  
in  
Full

Elizanne Bamdaya Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	County	MARYLAND		
Died at	Harford	Month	Days	
Date of death	1906	May	4	Years
Age	89	Day	4	Months
Sex	Male	Color or Race	White	Days
Occupation	Where Residing if not at place of death			
Farmer		Eliza Anne English Morris		
Married, Single or Widowed	Widowed	Name of Wife or Husband		
Father's Name	Isaac Smith			
Mother's Maiden Name	Holly Sawyer			
Name of person giving information	F. Bamdaya Smith			
Father's Birthplace	New York			
Mother's Birthplace	New Jersey			
How related to deceased	Son			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Senility

154

How long

old age

Immediate

Are the name, age, sex, color, date and place correctly given above?

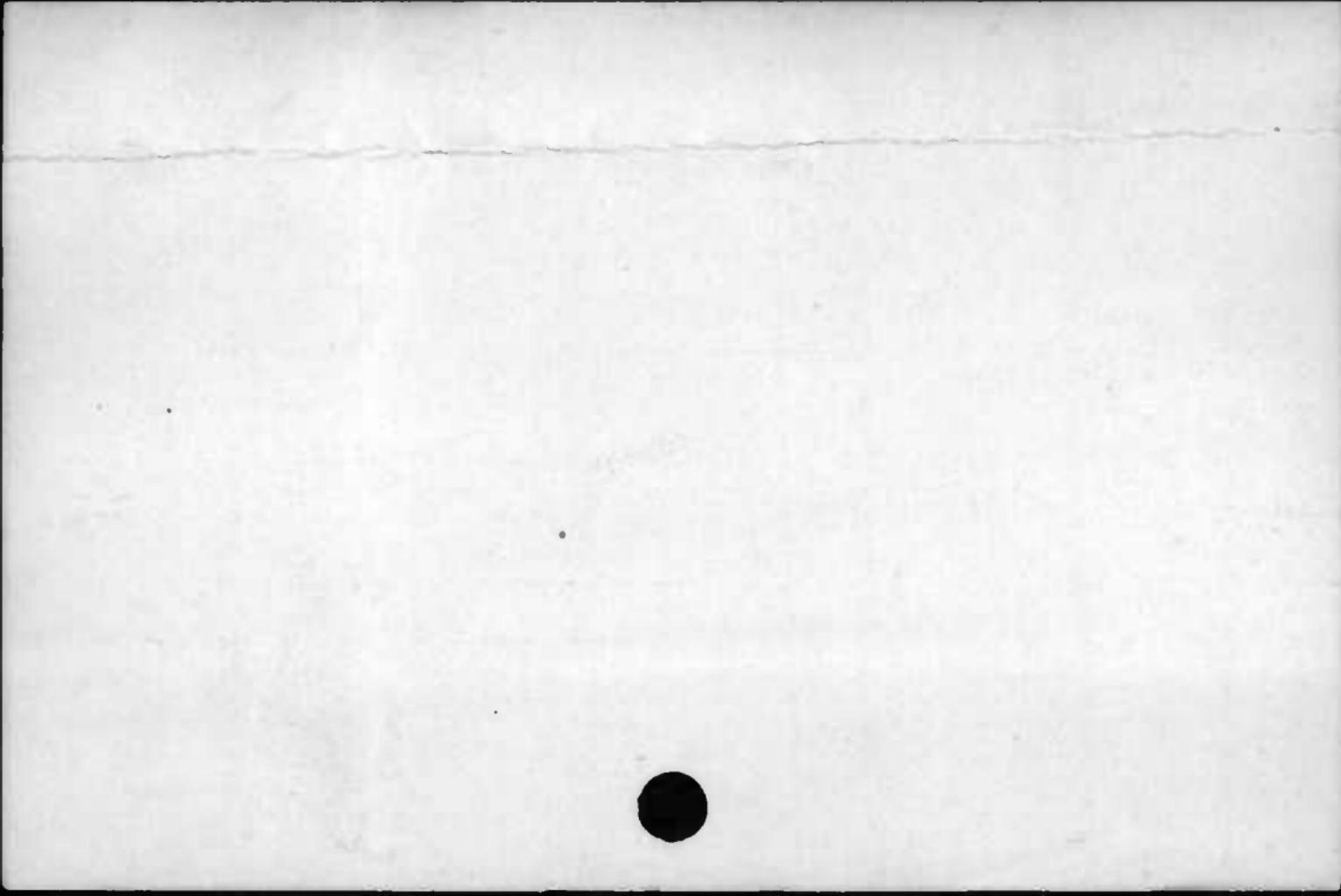
yes

Signature of Physician

Address

Dr R Held M.D.  
Farm Ground Pa

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Date of death	Month	Day	Years	Munths	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Harrison Troyer			
Father's Name	Henry Reagle				
Mother's Maiden Name					
Name of person giving information	Alritter Sutton				
CAUSES OF DEATH					
Primary	organic heart			19	How long 2 years
Immediate	Paroxysm				How long

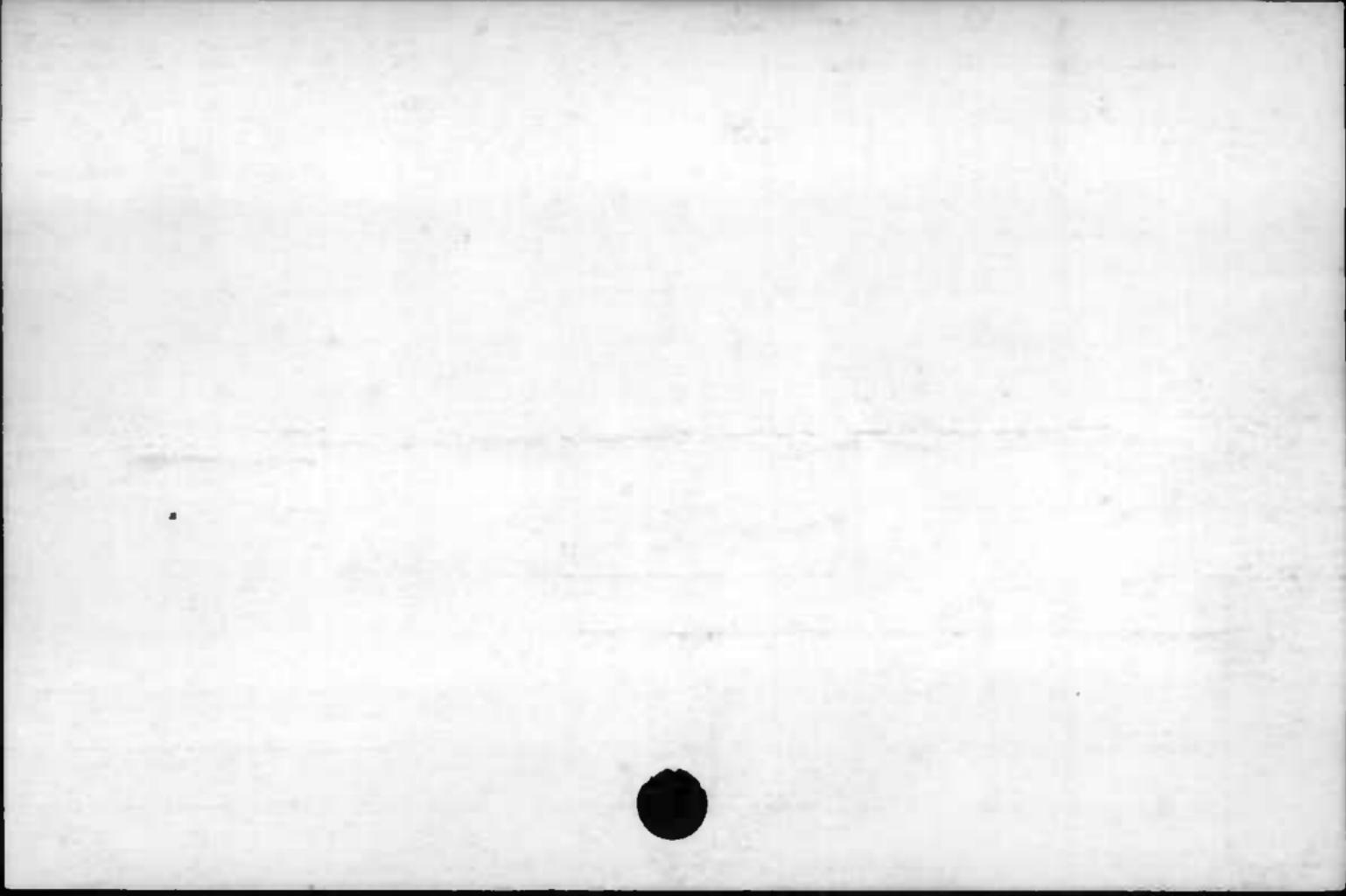
PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

George F. Yanish				CERTIFICATE OF DEATH		
Died at		Top Town	County	MARYLAND		
Date of death 1906		Month May	Age 34	Months	Days	
Sex	Wife		Color or Race White	Birth-place	Maryland	
Occupation	Barber		Where Residing If not at place of death	Baltimore		
Married, Single or Widowed	Married		Name of Wife or Husband	Eva Lee Yanish		
Father's Name	Barney Yanish			Father's Birthplace	Germany	
Mother's Maiden Name	Rosa Kotchagska			Mother's Birthplace	Germany	
Name of person giving information	Barney Yanish			How related to deceased	Father	

CAUSES OF DEATH

Primary

Rheumatism

How long

6 months

Immediate

Blow out the brain

How long

3 days

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Accident or Suicide?

1553